



भारत सरकार
GOVERNMENT OF INDIA



రమేష్ భూక్య

Ramesh Bhokya

పుట్టిన తేదీ/ DOB: 17/09/1987

పురుషుడు / MALE



3563 3451 0792

ఆధార్-సామాన్యమానవుడి హక్కు

Name : Mr. RAMESH BHOOKYA
PID No. : MED111017300
SID No. : 922015909
Age / Sex : 34 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

Register On : 12/03/2022 9:41 AM
Collection On : 12/03/2022 10:26 AM
Report On : 15/03/2022 12:13 PM
Printed On : 16/03/2022 7:27 PM




<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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HAEMATOLOGY

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	18.0	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	54.1	%	42 - 52
RBC Count (EDTA Blood/Impedance Variation)	6.37	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	85.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	29.0	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	34.2	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	13.6	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	40.46	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	7300	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	55.9	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	34.4	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	1.8	%	01 - 06


Dr. Arjun C.P
MBBS, MD Pathology
Reg. No. KMC 89655

VERIFIED BY


DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

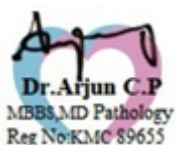
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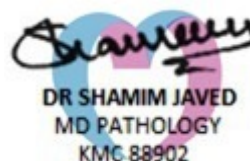
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Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	7.6	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.3	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	4.08	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.51	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.13	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.55	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.02	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	237	10 ³ / μ l	150 - 450
MPV (EDTA Blood/Derived from Impedance)	9.0	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.21	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood/Modified Westergren)	3	mm/hr	< 15



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BIOCHEMISTRY

Liver Function Test

Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	1.1	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.3	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.8	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	7.7	gm/dL	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.9	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	2.8	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.8		1.1 - 2.2
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC Kinetic)	49	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	121	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/IFCC Kinetic)	82	U/L	53 - 128
GGT(Gamma Glutamyl Transpeptidase) (Serum/SZASZ standarised IFCC)	78	U/L	< 55


DR .VANITHA.R.SWAMY MD
Consultant Pathologist
Reg No : 99049
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MD PATHOLOGY
KMC 88902
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<u>Lipid Profile</u>			
Cholesterol Total (Serum/Cholesterol oxidase/Peroxidase)	219	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	193	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the "usual" circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immuno-inhibition)	39	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	141.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	38.6	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	180.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.
2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.


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Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	5.6		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	4.9		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	3.6		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0


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<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	6.2	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose 131.24 mg/dL
(Whole Blood)


INTERPRETATION: Comments

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycaemic control as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.

Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.


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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/CMIA)	1.28	ng/mL	0.7 - 2.04
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INTERPRETATION:

Comment :

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Thyroxine) - Total (Serum/CMIA)	11.22	µg/dL	4.2 - 12.0
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INTERPRETATION:

Comment :

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

TSH (Thyroid Stimulating Hormone) (Serum/Chemiluminescent Microparticle Immunoassay(CMIA))	1.85	µIU/mL	0.35 - 5.50
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INTERPRETATION:

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5

2 nd trimester 0.2-3.0

3 rd trimester : 0.3-3.0

(Indian Thyroid Society Guidelines)

Comment :

1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.

3.Values&lt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.


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CLINICAL PATHOLOGY

PHYSICAL EXAMINATION


Colour (Urine)	Pale Yellow		
Appearance (Urine)	Clear		Clear
Volume (Urine)	20	mL	

CHEMICAL EXAMINATION(Automated-Urineanalyser)

pH (Urine/AUTOMATED URINANALYSER)	5.0		4.5 - 8.0
Specific Gravity (Urine)	1.020		1.002 - 1.035
Ketones (Urine)	Negative		Negative
Urobilinogen (Urine/AUTOMATED URINANALYSER)	0.2		0.2 - 1.0
Blood (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Nitrite (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Bilirubin (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Protein (Urine)	Negative		Negative
Glucose (Urine)	Negative		Negative


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Leukocytes (Urine)	Negative	leuco/uL	Negative
<u>MICROSCOPY(URINE DEPOSITS)</u>			
Pus Cells (Urine/Flow cytometry)	3-4	/hpf	3-5
Epithelial Cells (Urine)	2-3	/hpf	1-2
RBCs (Urine/Flow cytometry)	Nil	/hpf	2-3
Others (Urine)	Nil		Nil
Casts (Urine/Flow cytometry)	Nil	/hpf	0 - 1
Crystals (Urine)	Nil		NIL


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BIOCHEMISTRY

BUN / Creatinine Ratio	8		6 - 22
Glucose Fasting (FBS) (Plasma - F/GOD - POD)	87	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose Fasting - Urine (Urine - F)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	136	mg/dL	70 - 140

INTERPRETATION:

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti- diabetic medication during treatment for Diabetes.

Glucose Postprandial - Urine (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease-GLDH)	8	mg/dL	7.0 - 21
Creatinine (Serum/Jaffe Kinetic)	1.0	mg/dL	0.9 - 1.3

INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin ,cefazolin, ACE inhibitors ,angiotensin II receptor antagonists,N-acetylcyteine, chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Uricase/Peroxidase)	7.7	mg/dL	3.5 - 7.2
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IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'A' 'Positive'

DR MANJUNATHA T.M
Consultant Pathologist
KMC Reg No : 112205

VERIFIED BY

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

-- End of Report --

Name	MR.RAMESH BHOOKYA	ID	MED111017300
Age & Gender	34Y/MALE	Visit Date	12/03/2022
Ref Doctor	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size and has uniform echopattern.
No evidence of focal lesion or intrahepatic biliary ductal dilatation.
Hepatic and portal vein radicals are normal.

GALL BLADDER show normal shape and has clear contents.
Gall bladder wall is of normal thickness. CBD is of normal calibre.

PANCREAS has normal shape, size and uniform echopattern.
No evidence of ductal dilatation or calcification.

SPLEEN show normal shape, size and echopattern.

No demonstrable Para -aortic lymphadenopathy.

KIDNEYS move well with respiration and have normal shape, size and echopattern.
Cortico- medullary differentiations are well madeout.

Left kidney shows a calculus measuring 2.5mm in the lower pole.

No evidence of hydronephrosis.

The kidney measures as follows

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	9.8	1.5
Left Kidney	10.5	1.6

URINARY BLADDER show normal shape and wall thickness.
It has clear contents. No evidence of diverticula.

PROSTATE shows normal shape, size (wt-17.1gms) and echopattern.

No evidence of ascites.

Impression: *Left renal calculus.*

CONSULTANT RADIOLOGISTS:

DR. H. K. ANAND

DR. PRAJNA SHENOY

DR. MAHESH. M. S

DR. RADHA KRISHNA. A.

DR. HIMA BINDU.P

Ps/so



Name	RAMESH BHOOKYA	Customer ID	MED111017300
Age & Gender	34Y/M	Visit Date	Mar 12 2022 9:39AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

Impression: Essentially normal study.

DR. H.K. ANAND

DR. POOJA B.P

DR. SHWETHA S

DR. PRAJNA SHENOY

CONSULTANT RADIOLOGISTS

Prajna



ID: MED

34years

Male

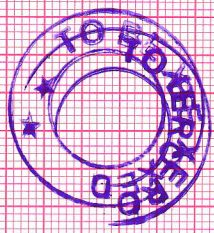
12-Mar-2022
13:02:38

Referred by: C/O MEDIWHEEL
Test ind: IHD SCREENING

BRUCE Total Exercise time: 9:20 25.0 mm/s
 Max HR: 153bpm 82% of max predicted 186bpm 10.0 mm/mV
 Max BP: 180/90 Maximum workload: 10.6METS 100hz
 Reason for Termination: Patient fatigue
 Comments: GOOD EFFORT TOLERANCE. NORMAL HR AND BP RESPONSE.
 NO SIGNIFICANT ST-T CHANGES SEEN DURING EXERCISE & RECOVERY
 NO ANGINA/ARRHYTHMIAS.
 IMP-STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA.
 ## NEEDS CLINICAL CORRELATION FOR FURTHER MANAGEMENT ##
 *** DR.SRIDHAR.L MD,DM,FICC. CARDIOLOGIST ***

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	2:05	1.0	0.0	1.7	81	150/90	122.
EXERCISE	STAGE 1	3:00	1.7	10.0	4.6	100	160/90	160
	STAGE 2	3:00	2.5	12.0	7.0	117	160/90	187
	STAGE 3	3:00	3.4	14.0	10.1	144		
	STAGE 4	0:20	4.2	16.0	10.6	153	180/90	275
RECOVERY	Post	6:21	***	***	1.0	93		

DR. SRIDHAR.L
 MD.(Med), DM.(Cardio), FICC
 Interventional Cardiologist
 K.M.C. No.: 32248



Technician: MANJU

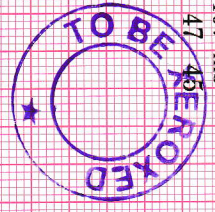
CLUMAX DIAGNOSTICS

Unconfirmed

34 years
Male

Vent. rate	72 bpm
PR interval	146 ms
QRS duration	82 ms
QT/QTc	372/407 ms
P-R-T axes	57 47 45

Technician: MANJU
Test ind: IHD, SCREENING



Referred by: SELF

Reviewed by:

Dr. Srinivas Reddy
MD (Med), DM (Cardiology), FICP
Interventional Cardiologist
K.M.C. No.: 32248

Needs Clinical Correlation
for further Management

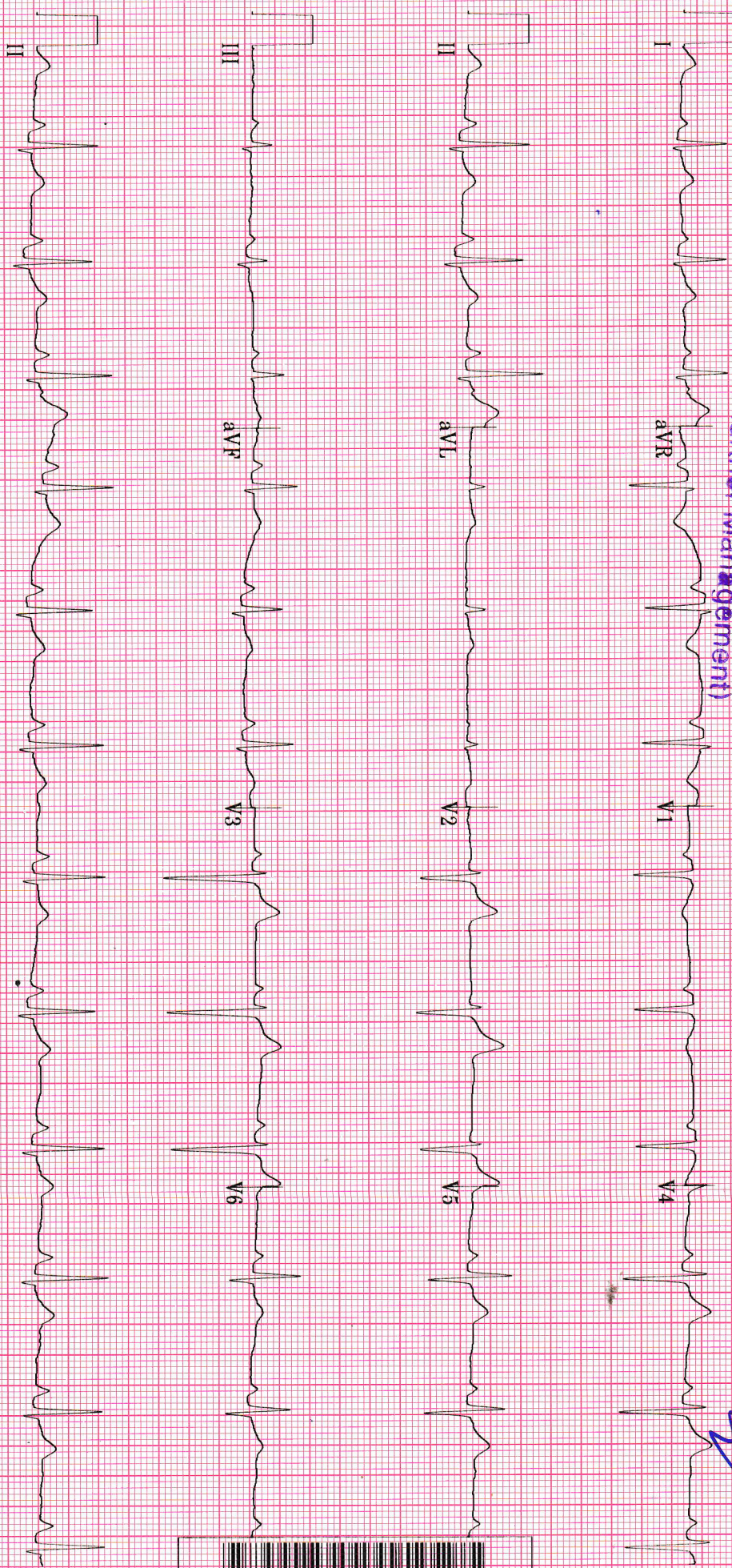
HR-72/min

WNL

WNL + IPD

WNL

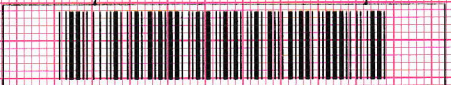
5



20 Hz 25.0 mm/s 10.0 mm/mV

4 by 2.5s + 1 rhythm Id

MAC55 010Bsp1 12SL™ V241 HD



Customer Name	Ramesh Bhoojays	Customer ID	111017300.
Age & Gender	34 ♀ M	Visit Date	12/3/22

Eye Screening

With spectacles / without spectacles (strike out whichever is not applicable)

	Right Eye	Left Eye
Near Vision	NG	NG
Distance Vision	6/6	6/6
Colour Vision	normal	normal

Observation / Comments: normal.

Dr. Ravi

Dr. RAVI V. HALAKATTI
M.S. (OPHTH)
EYE SURGEON
Regd. No. 11601